

**United States Bankruptcy Court**  
**Western District of Washington**
**Voluntary Petition**

Name of Debtor (if individual, enter Last, First, Middle): <b>J. Kristian Rapisarda, D.D.S., P.S.</b>	Name of Joint Debtor (Spouse) (Last, First, Middle):
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names): <b>DBA Rapisarda Family Dentistry</b>	All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN)/Complete EIN (if more than one, state all) <b>26-2304006</b>	Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all)
Street Address of Debtor (No. and Street, City, and State): <b>2005 SE 192nd Ave. #201</b> <b>Camas, WA</b> <div style="text-align: right; margin-top: 10px;">           ZIP Code  <b>98607</b> </div>	Street Address of Joint Debtor (No. and Street, City, and State): <div style="text-align: right; margin-top: 10px;">           ZIP Code         </div>
County of Residence or of the Principal Place of Business: <b>Clark</b>	County of Residence or of the Principal Place of Business:
Mailing Address of Debtor (if different from street address): <div style="text-align: right; margin-top: 10px;">           ZIP Code         </div>	Mailing Address of Joint Debtor (if different from street address): <div style="text-align: right; margin-top: 10px;">           ZIP Code         </div>
Location of Principal Assets of Business Debtor (if different from street address above):	

<b>Type of Debtor</b> (Form of Organization) (Check one box) <input type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input checked="" type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)	<b>Nature of Business</b> (Check one box) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101 (51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input checked="" type="checkbox"/> Other	<b>Chapter of Bankruptcy Code Under Which the Petition is Filed</b> (Check one box) <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input checked="" type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding
<b>Chapter 15 Debtors</b> Country of debtor's center of main interests:  Each country in which a foreign proceeding by, regarding, or against debtor is pending:	<b>Tax-Exempt Entity</b> (Check box, if applicable) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).	<b>Nature of Debts</b> (Check one box) <input type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input checked="" type="checkbox"/> Debts are primarily business debts.

<b>Filing Fee</b> (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.	<b>Chapter 11 Debtors</b> Check one box: <input checked="" type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,490,925 ( <i>amount subject to adjustment on 4/01/16 and every three years thereafter</i> ). Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
--	--

<b>Statistical/Administrative Information</b> <input checked="" type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.	THIS SPACE IS FOR COURT USE ONLY										
<b>Estimated Number of Creditors</b> <table style="width:100%; text-align: center;"> <tr> <td><input checked="" type="checkbox"/> 1-49</td> <td><input type="checkbox"/> 50-99</td> <td><input type="checkbox"/> 100-199</td> <td><input type="checkbox"/> 200-999</td> <td><input type="checkbox"/> 1,000-5,000</td> <td><input type="checkbox"/> 5,001-10,000</td> <td><input type="checkbox"/> 10,001-25,000</td> <td><input type="checkbox"/> 25,001-50,000</td> <td><input type="checkbox"/> 50,001-100,000</td> <td><input type="checkbox"/> OVER 100,000</td> </tr> </table>	<input checked="" type="checkbox"/> 1-49	<input type="checkbox"/> 50-99	<input type="checkbox"/> 100-199	<input type="checkbox"/> 200-999	<input type="checkbox"/> 1,000-5,000	<input type="checkbox"/> 5,001-10,000	<input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> 25,001-50,000	<input type="checkbox"/> 50,001-100,000	<input type="checkbox"/> OVER 100,000	
<input checked="" type="checkbox"/> 1-49	<input type="checkbox"/> 50-99	<input type="checkbox"/> 100-199	<input type="checkbox"/> 200-999	<input type="checkbox"/> 1,000-5,000	<input type="checkbox"/> 5,001-10,000	<input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> 25,001-50,000	<input type="checkbox"/> 50,001-100,000	<input type="checkbox"/> OVER 100,000		
<b>Estimated Assets</b> <table style="width:100%; text-align: center;"> <tr> <td><input type="checkbox"/> \$0 to \$50,000</td> <td><input type="checkbox"/> \$50,001 to \$100,000</td> <td><input type="checkbox"/> \$100,001 to \$500,000</td> <td><input checked="" type="checkbox"/> \$500,001 to \$1 million</td> <td><input type="checkbox"/> \$1,000,001 to \$10 million</td> <td><input type="checkbox"/> \$10,000,001 to \$50 million</td> <td><input type="checkbox"/> \$50,000,001 to \$100 million</td> <td><input type="checkbox"/> \$100,000,001 to \$500 million</td> <td><input type="checkbox"/> \$500,000,001 to \$1 billion</td> <td><input type="checkbox"/> More than \$1 billion</td> </tr> </table>	<input type="checkbox"/> \$0 to \$50,000	<input type="checkbox"/> \$50,001 to \$100,000	<input type="checkbox"/> \$100,001 to \$500,000	<input checked="" type="checkbox"/> \$500,001 to \$1 million	<input type="checkbox"/> \$1,000,001 to \$10 million	<input type="checkbox"/> \$10,000,001 to \$50 million	<input type="checkbox"/> \$50,000,001 to \$100 million	<input type="checkbox"/> \$100,000,001 to \$500 million	<input type="checkbox"/> \$500,000,001 to \$1 billion	<input type="checkbox"/> More than \$1 billion	
<input type="checkbox"/> \$0 to \$50,000	<input type="checkbox"/> \$50,001 to \$100,000	<input type="checkbox"/> \$100,001 to \$500,000	<input checked="" type="checkbox"/> \$500,001 to \$1 million	<input type="checkbox"/> \$1,000,001 to \$10 million	<input type="checkbox"/> \$10,000,001 to \$50 million	<input type="checkbox"/> \$50,000,001 to \$100 million	<input type="checkbox"/> \$100,000,001 to \$500 million	<input type="checkbox"/> \$500,000,001 to \$1 billion	<input type="checkbox"/> More than \$1 billion		
<b>Estimated Liabilities</b> <table style="width:100%; text-align: center;"> <tr> <td><input type="checkbox"/> \$0 to \$50,000</td> <td><input type="checkbox"/> \$50,001 to \$100,000</td> <td><input type="checkbox"/> \$100,001 to \$500,000</td> <td><input checked="" type="checkbox"/> \$500,001 to \$1 million</td> <td><input type="checkbox"/> \$1,000,001 to \$10 million</td> <td><input type="checkbox"/> \$10,000,001 to \$50 million</td> <td><input type="checkbox"/> \$50,000,001 to \$100 million</td> <td><input type="checkbox"/> \$100,000,001 to \$500 million</td> <td><input type="checkbox"/> \$500,000,001 to \$1 billion</td> <td><input type="checkbox"/> More than \$1 billion</td> </tr> </table>	<input type="checkbox"/> \$0 to \$50,000	<input type="checkbox"/> \$50,001 to \$100,000	<input type="checkbox"/> \$100,001 to \$500,000	<input checked="" type="checkbox"/> \$500,001 to \$1 million	<input type="checkbox"/> \$1,000,001 to \$10 million	<input type="checkbox"/> \$10,000,001 to \$50 million	<input type="checkbox"/> \$50,000,001 to \$100 million	<input type="checkbox"/> \$100,000,001 to \$500 million	<input type="checkbox"/> \$500,000,001 to \$1 billion	<input type="checkbox"/> More than \$1 billion	
<input type="checkbox"/> \$0 to \$50,000	<input type="checkbox"/> \$50,001 to \$100,000	<input type="checkbox"/> \$100,001 to \$500,000	<input checked="" type="checkbox"/> \$500,001 to \$1 million	<input type="checkbox"/> \$1,000,001 to \$10 million	<input type="checkbox"/> \$10,000,001 to \$50 million	<input type="checkbox"/> \$50,000,001 to \$100 million	<input type="checkbox"/> \$100,000,001 to \$500 million	<input type="checkbox"/> \$500,000,001 to \$1 billion	<input type="checkbox"/> More than \$1 billion		

**Voluntary Petition***(This page must be completed and filed in every case)*

Name of Debtor(s):

**J. Kristian Rapisarda, D.D.S., P.S.****All Prior Bankruptcy Cases Filed Within Last 8 Years** (If more than two, attach additional sheet)

Location

Where Filed: **- None -**

Case Number:

Date Filed:

Location

Where Filed:

Case Number:

Date Filed:

**Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor** (If more than one, attach additional sheet)

Name of Debtor:

**- None -**

Case Number:

Date Filed:

District:

Relationship:

Judge:

**Exhibit A**

(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)

☐ Exhibit A is attached and made a part of this petition.

**Exhibit B**

(To be completed if debtor is an individual whose debts are primarily consumer debts.)

I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by 11 U.S.C. §342(b).

**X**

Signature of Attorney for Debtor(s)

(Date)

**Exhibit C**

Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?

☐ Yes, and Exhibit C is attached and made a part of this petition.

☒ No.

**Exhibit D**

(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)

☐ Exhibit D completed and signed by the debtor is attached and made a part of this petition.

If this is a joint petition:

☐ Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.

**Information Regarding the Debtor - Venue**

(Check any applicable box)

- ☒ Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.
- ☐ There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.
- ☐ Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.

**Certification by a Debtor Who Resides as a Tenant of Residential Property**

(Check all applicable boxes)

- ☐ Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)

\_\_\_\_\_  
(Name of landlord that obtained judgment)

\_\_\_\_\_  
(Address of landlord)

- ☐ Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and
- ☐ Debtor has included with this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.
- ☐ Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).

**Voluntary Petition***(This page must be completed and filed in every case)*

Name of Debtor(s):

**J. Kristian Rapisarda, D.D.S., P.S.****Signatures****Signature(s) of Debtor(s) (Individual/Joint)**

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

**X** \_\_\_\_\_  
Signature of Debtor

**X** \_\_\_\_\_  
Signature of Joint Debtor

\_\_\_\_\_  
Telephone Number (If not represented by attorney)

\_\_\_\_\_  
Date

**Signature of Attorney\***

**X** /s/ Albert N. Kennedy  
Signature of Attorney for Debtor(s)

Albert N. Kennedy WSBA No. 15074

Printed Name of Attorney for Debtor(s)

Tonkon Torp LLP

Firm Name

**1600 Pioneer Tower  
888 SW Fifth Ave  
Portland, OR 97204-2099**

\_\_\_\_\_  
Address

503-221-1440 Fax: 503-274-8779

Telephone Number

April 1, 2015

Date

\*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

**Signature of Debtor (Corporation/Partnership)**

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

**X** /s/ J. Kristian Rapisarda  
Signature of Authorized Individual

J. Kristian Rapisarda

Printed Name of Authorized Individual

President

Title of Authorized Individual

April 1, 2015

Date

**Signature of a Foreign Representative**

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

☐ I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. §1515 are attached.

☐ Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

**X** \_\_\_\_\_  
Signature of Foreign Representative

\_\_\_\_\_  
Printed Name of Foreign Representative

\_\_\_\_\_  
Date

**Signature of Non-Attorney Bankruptcy Petition Preparer**

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

\_\_\_\_\_  
Printed Name and title, if any, of Bankruptcy Petition Preparer

\_\_\_\_\_  
Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

\_\_\_\_\_  
Address

**X** \_\_\_\_\_  
Date

Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

*A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. §110; 18 U.S.C. §156.*

**United States Bankruptcy Court**  
**Western District of Washington**

In re J. Kristian Rapisarda, D.D.S., P.S.

Debtor(s)

Case No.

Chapter

11

**LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS**

Following is the list of the debtor's creditors holding the 20 largest unsecured claims. The list is prepared in accordance with Fed. R. Bankr. P. 1007(d) for filing in this chapter 11 [or chapter 9] case. The list does not include (1) persons who come within the definition of "insider" set forth in 11 U.S.C. § 101, or (2) secured creditors unless the value of the collateral is such that the unsecured deficiency places the creditor among the holders of the 20 largest unsecured claims. If a minor child is one of the creditors holding the 20 largest unsecured claims, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

(1) <i>Name of creditor and complete mailing address including zip code</i>	(2) <i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	(3) <i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	(4) <i>Indicate if claim is contingent, unliquidated, disputed, or subject to setoff</i>	(5) <i>Amount of claim [if secured, also state value of security]</i>
Pacific Continental Bank 911 Main St., #100 Vancouver, WA 98660	Pacific Continental Bank 911 Main St., #100 Vancouver, WA 98660 360-695-3204	Secured loan.		599,258.42; secured loan; value of collateral unknown
IRS POB 7346 Philadelphia, PA 19101-7346	IRS POB 7346 Philadelphia, PA 19101-7346 503-265-3774	Secured payroll taxes.		63,431.17; secured tax lien; value of collateral unknown
May Brothers Dental Lab 718 NE 87th Ave. #106 Vancouver, WA 98664	May Brothers Dental Lab 718 NE 87th Ave. #106 Vancouver, WA 98664 360-892-2433	Dental lab services.		20,850.13
Align Technology Inc. 2560 Orchard Parkway San Jose, CA 95131	Align Technology Inc. 2560 Orchard Parkway San Jose, CA 95131 408-740-1000	Dental products.		1,749.00
Somnomed 7460 Warren Parkway #190 Frisco, TX 75034	Somnomed 7460 Warren Parkway #190 Frisco, TX 75034 888-447-6673	Dental appliance manufacturer		1,435.00
Ziemek Dental Lab 2310 Mottman Rd. SW Olympia, WA 98512	Ziemek Dental Lab 2310 Mottman Rd. SW Olympia, WA 98512 888-447-6673	Dental lab services.		1,314.14
Capital Premium Finance POB 660899 Dallas, TX 75266	Capital Premium Finance POB 660899 Dallas, TX 75266 800-767-0705	Insurance products.		1,200.00
Dental Billing Sleep Solutions 27349 Jefferson Ave. #213 Temecula, CA 92590	Dental Billing Sleep Solutions 27349 Jefferson Ave. #213 Temecula, CA 92590 800-561-0693	Billing services.		1,015.58

Debtor(s)

**LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS**

(Continuation Sheet)

(1) <i>Name of creditor and complete mailing address including zip code</i>	(2) <i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	(3) <i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	(4) <i>Indicate if claim is contingent, unliquidated, disputed, or subject to setoff</i>	(5) <i>Amount of claim [if secured, also state value of security]</i>
<b>Vancouver Sign Company</b> 2600 NE Andresen Rd. Vancouver, WA 98661	<b>Vancouver Sign Company</b> 2600 NE Andresen Rd. Vancouver, WA 98661 360-693-4773	<b>Practice sign.</b>		<b>800.00</b>
<b>Glidewell</b> 4141 MacArthur Blvd. Newport Beach, CA 92660	<b>Glidewell</b> 4141 MacArthur Blvd. Newport Beach, CA 92660 800-854-7256	<b>Dental appliance products.</b>		<b>769.12</b>
<b>Patterson Dental</b> 1031 Mendota Heights Saint Paul, MN 55120	<b>Patterson Dental</b> 1031 Mendota Heights Saint Paul, MN 55120 503-670-0456	<b>Dental chair.</b>		<b>744.92</b>
<b>Physicians Resource</b> 4000 SE International Way f101 Portland, OR 97222	<b>Physicians Resource</b> 4000 SE International Way f101 Portland, OR 97222 503-654-8788	<b>Annual OSHA training.</b>		<b>520.00</b>
<b>Abnormal Computer Support</b> 17215 Valley View Rd. Portland, OR 97267	<b>Abnormal Computer Support</b> 17215 Valley View Rd. Portland, OR 97267 503-680-5445	<b>Computer support.</b>		<b>466.12</b>
<b>PSIC Insurance Co.</b> Attn: Dental Malpractice 14001 University Ave. Clive, IA 50325	<b>PSIC Insurance Co.</b> Attn: Dental Malpractice 14001 University Ave. Clive, IA 50325 800-864-8026	<b>Malpractice insurance.</b>		<b>315.50</b>
<b>Comcast</b> Attn: Bankruptcy Dept. 8115 NE Vancouver Mall Dr. Vancouver, WA 98662	<b>Comcast</b> Attn: Bankruptcy Dept. 8115 NE Vancouver Mall Dr. Vancouver, WA 98662 800-231-3655	<b>Utility - internet service.</b>		<b>263.61</b>
<b>American General</b> POB 9000 Canyon, TX 79015	<b>American General</b> POB 9000 Canyon, TX 79015 800-231-3028	<b>Life insurance policy.</b>		<b>258.62</b>
<b>Metro Tech</b> Dental Equipment Repair 18500 SE Wallace Rd. Dayton, OR 97114	<b>Metro Tech</b> Dental Equipment Repair 18500 SE Wallace Rd. Dayton, OR 97114 503-917-1960	<b>Dental equipment repair.</b>		<b>250.00</b>
<b>Henry Schein</b> 25589 SW Canyon Creek Rd. #600 Wilsonville, OR 97070	<b>Henry Schein</b> 25589 SW Canyon Creek Rd. #600 Wilsonville, OR 97070 503-682-2609	<b>Dental supplies.</b>		<b>240.67</b>
<b>Officite</b> 3010 Highland Parkway #625 Downers Grove, IL 60515	<b>Officite</b> 3010 Highland Parkway #625 Downers Grove, IL 60515 630-230-2300	<b>Website &amp; e-mail services.</b>		<b>202.00</b>

In re J. Kristian Rapisarda, D.D.S., P.S.

Case No. \_\_\_\_\_

Debtor(s)

**LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS**

(Continuation Sheet)

(1)	(2)	(3)	(4)	(5)
<i>Name of creditor and complete mailing address including zip code</i>	<i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	<i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	<i>Indicate if claim is contingent, unliquidated, disputed, or subject to setoff</i>	<i>Amount of claim [if secured, also state value of security]</i>
<b>Travelers Travelers CL Remittance Center POB 660317 Dallas, TX 75266</b>	<b>Travelers Travelers CL Remittance Center POB 660317 Dallas, TX 75266 800-252-2268</b>	<b>Building insurance</b>		<b>140.20</b>

**DECLARATION UNDER PENALTY OF PERJURY  
ON BEHALF OF A CORPORATION OR PARTNERSHIP**

I, the President of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing list and that it is true and correct to the best of my information and belief.

Date 4/1/15

Signature /s/ J. Kristian Rapisarda  
**J. Kristian Rapisarda**  
**President**

*Penalty for making a false statement or concealing property:* Fine of up to \$500,000 or imprisonment for up to 5 years or both.  
18 U.S.C. §§ 152 and 3571.

1 **Albert N. Kennedy**, WSBA No. 15074  
Direct Dial: (503) 802-2013  
2 Facsimile: (503) 972-3713  
E-Mail: al.kennedy@tonkon.com

3 **Michael W. Fletcher**, OSB No. 010448

*Pro Hac Vice Applied For*

4 Direct Dial: (503) 802-2169

Facsimile: (503) 972-3869

5 E-Mail: michael.fletcher@tonkon.com

**TONKON TORP LLP**

6 1600 Pioneer Tower

888 S.W. Fifth Avenue

7 Portland, OR 97204

8 Attorneys for Debtor

Judge:

Chapter:

11

Hearing Location:

Hearing Date:

Hearing Time:

Response Date:

12 UNITED STATES BANKRUPTCY COURT

13 WESTERN DISTRICT OF WASHINGTON

14 Tacoma Division

15 In re

16 J. Kristian Rapisarda, D.D.S., P.S.,

17 Debtor.

Case No.

**DISCLOSURE OF COMPENSATION  
OF ATTORNEY FOR DEBTOR  
PURSUANT TO RULE 2016(b)**

18  
19 Tonkon Torp LLP ("Tonkon"), pursuant to Bankruptcy Rule 2016(b), states  
20 that:

21 1. Debtor has engaged Tonkon to act as its general bankruptcy counsel in  
22 this case. Debtor has filed with the Bankruptcy Court a separate application to employ  
23 Tonkon at attorneys for Debtor.

24 2. In the 12 months preceding the commencement of this Chapter 11  
25 case, Debtor paid Tonkon a total of \$17,495, of which approximately \$7,495 was for fees and

26  
DISCLOSURE OF COMPENSATION OF ATTORNEY  
FOR DEBTOR PURSUANT TO RULE 2016(b) - 1 of 2  
In re J. Kristian Rapisarda, D.D.S., P.S., Case No. \_\_\_\_\_

**Tonkon Torp** LLP  
888 SW Fifth Avenue, Suite 1600  
Portland, Oregon 97204  
503-221-1440



1 expenses incurred in connection with the filing of this case (which includes the filing fee of  
2 \$1,717).

3 3. The filing fee for commencing this Chapter 11 case is being paid in  
4 full.

5 4. The source of payments to be made by Debtor to Tonkon for legal  
6 services, filing fees, and costs incurred in or in connection with this case will be from  
7 property of the bankruptcy estate.

8 5. Tonkon has not shared or agreed to share with any person, other than  
9 its members, any compensation paid or to be paid.

10 DATED this 1st day of April, 2015.

11 TONKON TORP LLP

12  
13 By /s/ Albert N. Kennedy

14 Albert N. Kennedy, WSBA No. 15074  
15 Michael W. Fletcher, OSB No. 010448,  
16 *Pro Hac Vice Applied For*  
17 Attorneys for Debtor

18  
19  
20  
21  
22  
23  
24  
25  
26  
037481/00001/6266625v1

192 Plaza LLC  
2300 East Third Loop  
Vancouver, WA 98661

Abnormal Computer Support  
17215 Valley View Rd.  
Portland, OR 97267

Align Technology Inc.  
2560 Orchard Parkway  
San Jose, CA 95131

American General  
POB 9000  
Canyon, TX 79015

Capital Premium Finance  
POB 660899  
Dallas, TX 75266

City of Vancouver  
Financial & Management Svcs  
POB 1995  
Vancouver, WA 98668

Clark County  
Taxation & Assessment  
POB 5000  
Vancouver, WA 98666

Clark Public Utilities  
POB 8900  
Vancouver, WA 98668

Comcast  
Attn: Bankruptcy Dept.  
8115 NE Vancouver Mall Dr.  
Vancouver, WA 98662

Dental Billing Sleep Solutions  
27349 Jefferson Ave. #213  
Temecula, CA 92590

Glidewell  
4141 MacArthur Blvd.  
Newport Beach, CA 92660

Guardian Life Insurance Co.  
7 Hanover Square  
Customer Service H-6-D  
New York, NY 10004

Henry Schein  
25589 SW Canyon Creek Rd. #600  
Wilsonville, OR 97070

IRS  
POB 7346  
Philadelphia, PA 19101-7346

J. Kristian Rapisarda  
1207 NW 35th Ave.  
Camas, WA 98607

May Brothers Dental Lab  
718 NE 87th Ave. #106  
Vancouver, WA 98664

Metro Tech  
Dental Equipment Repair  
18500 SE Wallace Rd.  
Dayton, OR 97114

NW Hand Piece Repair  
13718 NW 36th Ave.  
Vancouver, WA 98685

NW Natural  
11218 NE 66th St.  
Vancouver, WA 98662

Officite  
3010 Highland Parkway #625  
Downers Grove, IL 60515

Pacific Continental Bank  
911 Main St., #100  
Vancouver, WA 98660

Patterson Dental  
1031 Mendota Heights  
Saint Paul, MN 55120

Physicians Resource  
4000 SE International Way f101  
Portland, OR 97222

PSIC Insurance Co.  
Attn: Dental Malpractice  
14001 University Ave.  
Clive, IA 50325

J. Kristian Rapisarda  
1207 NW 35th Ave.  
Camas, WA 98607

Sierra Springs  
2300 Windy Ridge Parkway #500  
Atlanta, GA 30339

Somnomed  
7460 Warren Parkway #190  
Frisco, TX 75034

Stericycle  
310 N. Columbia Blvd.  
Portland, OR 97217

Travelers  
Travelers CL Remittance Center  
POB 660317  
Dallas, TX 75266

Ultradent Products Inc.  
505 West Ultradent Rd.  
(10200 South)  
South Jordan, UT 84095

US Attorney's Office  
Attn: Bankruptcy Assistant  
700 Stewart St. #5220  
Seattle, WA 98101

Vancouver Sign Company  
2600 NE Andresen Rd.  
Vancouver, WA 98661

State of Washington  
Attorney General's Office  
Bankruptcy & Collections Unit  
800 Fifth Ave. #2000  
Seattle, WA 98104

Ziemek Dental Lab  
2310 Mottman Rd. SW  
Olympia, WA 98512

**United States Bankruptcy Court  
Western District of Washington**

In re **J. Kristian Rapisarda, D.D.S., P.S.**

Debtor(s)

Case No.

Chapter

**11**

**CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)**

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for **J. Kristian Rapisarda, D.D.S., P.S.** in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

☒ None [*Check if applicable*]

**April 1, 2015**

Date

**/s/ Albert N. Kennedy WSBA No.**

**Albert N. Kennedy WSBA No. 15074**

Signature of Attorney or Litigant

Counsel for **J. Kristian Rapisarda, D.D.S., P.S.**

**Tonkon Torp LLP**

**1600 Pioneer Tower**

**888 SW Fifth Ave**

**Portland, OR 97204-2099**

**503-221-1440 Fax:503-274-8779**